



## Certificate of Completion of Work Specifications

Part 1 of 4

### Project Sponsor's Statement – to be completed by Project Sponsor

Project Sponsor Name:

Project Address:

**Project Sponsor's Statement:** This is to advise that all work performed on the above property has been completed satisfactorily and in accordance with the contract dated \_\_\_\_\_ and has met the compliance with CDBG/HOME rehabilitation specifications as indicated by the City of Indianapolis. The undersigned acknowledges that it is the responsibility of the Project Sponsor to advise both the contractor and the City of Indianapolis Rehabilitation Section, in writing, regarding any item of workmanship or material that proves to be unsatisfactory within the period of one year from the date this statement is signed.

Project Sponsor Authorized Signature

Project Sponsor Authorized Signer Name, Printed

Date

Part 2 of 4

### Property Owner's Statement – to be completed by Property Owner

**Owner's Statement:** I accept the work as completed by: \_\_\_\_\_ and authorize payment in accordance with the construction contract, note, mortgage, or memorandum of mortgage of said contractor.

Property Owner's Signature

Property Owner's Name, Printed

Date

Part 3 of 4

### Contractor's Statement – to be completed by Contractor

**Contractor's Statement:** All items as appearing on my original bid, addendums and Change of Work Orders have been completed in accordance with the contract specifications and the City of Indianapolis Housing Rehabilitation Standards and applicable building codes, standards and ordinances.

Contractor's Signature

Contractor's Name, Printed

Date

Part 4 of 4

### Rehabilitation Specialist's Statement – to be completed by City of Indianapolis Staff

**Rehabilitation Specialist's Statement:** A physical inspection of the premises has been made by the owner, the contractor and myself. Items appearing on the work specifications regulated by code have been inspected in accordance with the applicable City of Indianapolis Building Standards and Procedures. This property meets all CDBG/HOME property rehabilitation requirements and applicable Indiana Codes.

Rehabilitation Specialist's Signature

Rehabilitation Specialist's Name, Printed

Date

Contract Amount